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## BIB DATA SHEET

CONFIRMATION NO. 1552

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/602,727	06/25/2003	435	1645	PF596P1N		
<b>RULE</b>						
<b>APPLICANTS</b> Craig A. Rosen, Laytonsville, MD; Michael W. Laird, Germantown, MD; Reiner L. Gentz, Belo Horizonte-Mg, BRAZIL;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/391,162 06/26/2002 and claims benefit of 60/468,651 05/08/2003 and claims benefit of 60/406,339 08/28/2002 and claims benefit of 60/417,305 10/10/2002 and claims benefit of 60/426,360 11/15/2002 and claims benefit of 60/434,807 12/20/2002 and claims benefit of 60/438,004 01/06/2003 and claims benefit of 60/443,858 01/31/2003 and claims benefit of 60/443,781 01/31/2003 and claims benefit of 60/454,613 03/17/2003						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /PATRICIA ANN DUFFY/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 96	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> HUMAN GENOME SCIENCES INC. INTELLECTUAL PROPERTY DEPT. 14200 SHADY GROVE ROAD ROCKVILLE, MD 20850 UNITED STATES						
<b>TITLE</b> Antibodies against protective antigen						
<b>FILING FEE RECEIVED</b> 2500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		